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OCT 21 2004

In the United States Patent and Trademark Office

Applicants: **Mariis Vistins** Docket No.: **15,999**
Serial No.: **10/034,042**
Filed: **December 27, 2001** Group: **1732**
For: **Colored High-Protective Multi-Layered Polymer Coated Articles and Method of**
Making Same Examiner: **Edmund H. Lee**

Request for Continued Examination (RCE) Transmittal under 37 CFR § 1.114

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby request continued examination of the above-identified application in accordance with the provisions of 37 C.F.R. §1.114.

a. Previously submitted

- I. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on September 24, 2004.
- II. Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- III. Other

b. Enclosed

- I. Amendment After Final Rejection Under 37 C.F.R. § 1.116, previously filed on September 24, 2004.
- II. Affidavit(s)/Declaration(s)
- III. Information Disclosure Statement (IDS)
- IV. Other

Please charge the continuing examination fee of \$790.00 set forth in § 1.17(e) to Kimberly-Clark Worldwide, Inc. deposit account number 11-0875.

In the event the fee indicated above is incorrect, please charge any additional fee or credit any excess in the fee to Kimberly-Clark Worldwide, Inc. deposit account number 11-0875.

PAGE 2/12* RCVD AT 10/21/2004 3:17:27 PM [Eastern Daylight Time]* SVR:USPTO-EFXRF-14* DNIS:8729306* CSID:770 587 7327* DURATION (mm:ss):03:10

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Serial No. 10/034,042 (K-C 15,989)

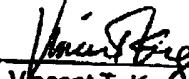
Please address all correspondence to: Vincent T. Kung, Kimberly-Clark Worldwide, Inc., 401 North Lake Street, Neenah, Wisconsin 54957-0349.

The undersigned may be reached at telephone number (770) 587-8606 or fax number (770) 587-7324.

Respectfully submitted,

Maris Vistins

By:



Vincent T. Kung

Registration No.: 45,797

CERTIFICATE OF MAILING VIA FACSIMILE TRANSMISSION

I, Laura L. Rubino, hereby certify that on October 21, 2004 this document is being transmitted via facsimile to the Commissioner for Patents, United States Patent and Trademark Office, Central Fax No. 703-872-9306.

By:



Laura L. Rubino

10/034,042
PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/034,042
15999

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2504

AMENDMENT A	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	*	Minus	4	=
Independent	*	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR	BASIC FEE 740.00
X\$ 9=		OR	X\$18= 72
X42=		OR	X84=
+140=		OR	+280=
TOTAL		OR TOTAL	812

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

4/18/04

AMENDMENT B	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	*	Minus	4	=
Independent	*	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C

AMENDMENT C	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	*	Minus	4	=
Independent	*	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.